

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. V.]

TUESDAY, SEPTEMBER 13, 1831.

[No. 5.]

I.

CASE OF PERIOSTITIS OF THE HEAD SUCCESSFULLY TREATED BY FREE DIVISION.

By ARCHIBALD BLACKLOCK, Esq.
Surgeon, Dumfries, late Surgeon
to the Royal Navy.

OCT. 12, 1830.—Mr. W. V. aged 24, about eighteen months ago, began to be affected with severe pain in the left side of his head, which has seldom or never intermitted, although there have been daily remissions, or periods of mitigated suffering. The pain is most distressing during the day, and least so when warm in bed. He feels always cold when not in bed, and inclined to be near the fire, where he sits in silence, holding his head occasionally with both hands. Pulse seldom under 100, and often much above that number, and of moderate strength. Appetite bad; thirst distressingly urgent; and he can hardly be prevailed upon to resist drinking large draughts of cold water. Tongue sometimes covered with a white film, but upon the whole pretty natural. Bowels regular. Perspires a good deal in his sleep.

Mr. V. consulted me by letter five or six weeks ago, in which he stated, that he had been attended through the greater part of his illness by two practitioners of emi-

nence and experience, under whose direction he had taken, in large doses, carbonate of iron and sulphate of quinine, mercury and sarsaparilla, and other medicines with which he was not acquainted. The head also had been leeches and blistered. Having received little or no benefit from these remedies, he went in July last to Dublin, for the purpose of consulting Abraham Collins of that city, who was of opinion that the pericranium was thickened, and recommended its division with the scalpel. This, however, was not done. In my reply to Mr. V. I advised him to try the effect of the arsenical solution, and, at the same time, called attention to the recommendation of Mr. Collins as a means of relief. He took the solution in doses of six or seven drops twice a-day for nearly a month, without any amendment, and this morning he came to Dumfries to be under my care.

Still suspecting the disorder to be of a neuralgic nature, I again tried the arsenical solution, administering the doses myself, and pushing the medicine as far as I considered safe. I afterwards cupped him on the back of the neck to twelve ounces. His sufferings progressively increasing, he went by the mail to Edinburgh on the 24th of Oct., and saw Dr. Abercrombie the same evening, who wrote to me as follows. "After all that has

exactly like touching a portion of raw flesh.

No opinion is expressed in the despatch as to the contagious or non-contagious nature of the disease. The mere fact of its manifestation in St. Petersburg, despite the triple cordon of troops, is a *prima facie* evidence against contagion; but by a private letter which is in town, we learn that the first case occurred in a person who had come down the river in a bark; the second in an individual who had been on board after its arrival; and the third in a soldier who had mounted guard on the boat, to prevent any intercourse with those on shore. If this be the whole truth, and nothing but the truth, it is almost conclusive in favor of the contagionists; but it is to be kept in mind, that the Russian authorities had previously decided that the disease was infectious, and the testimony of those who have already committed themselves by the expression of a positive opinion is to be received with some degree of caution.

The disease was rapidly spreading, and we doubt not but that the next arrivals will bring farther particulars from the medical commissioners."

A letter from Dr. Foy, now at Warsaw, says, that "in the city the disease is generally less violent, and the requisite means of cure are not wanting; but, among the unfortunate Polish soldiers and Russian prisoners, whose skin is remarkably thick, it is impossible to restore, with sufficient promptness, the cutaneous and nervous functions. The primary causes of cholera are still obscure, but what

appears certain is, that the disease has always been observed to appear, or where already present, to become aggravated, after four consecutive days of a north wind, after any sudden diminution of temperature, and after draughts of cold water."

RURAL CEMETERY.

THE establishment, near London, of an exurbane necropolis, proceeds, *pari passu*, with that of a similar institution in our own vicinity. Nine thousand five hundred pounds have been invested in the purchase of fifty four acres of land, and the site—on the Harrow road, two miles from the city—is represented to be eligible. If the British Government will afford to this praiseworthy undertaking the same assistance that the imperial head of the French, extended to the proprietors of the far-famed Père la Chaise, no obstacle will present to the entire success of the experiment. The inhabitants of Paris owe the ornament and security they derive from that picturesque cemetery, to an edict from the throne, forbidding interment within the walls of the city—a measure replete with wisdom, and which cannot well be imitated at a too early period in the progress of any city, which promises to be flourishing and populous.

THE EAR.

THIS is the title of the twelfth number of a very interesting and useful series of scientific tracts, now in course of publication in this city. Dr. Smith, who is well known and deservedly esteemed as a lectu-

rer, on subjects connected with anatomical science and natural history, is the author of the present number. He has delineated the different portions of this complicated organ in such manner as to make it intelligible to the humblest reader, and the text is accompanied and illustrated by numerous figures of the parts described, by which the reader may easily solve any portion of it which might otherwise seem to him indistinct. The impossibility of conveying a clear notion of an apparatus so fearfully and wonderfully constructed as are the organs of sense, without the aid of such figures, must be acknowledged by all; and on more than one occasion we have lauded the method which is here pursued by Dr. S.—viz. the juxtaposition of the plate and the text it explains—so that the eye can easily, rapidly, and often, glance from one to the other.

Animal mechanism is fraught with instruction. It lets us into a most delightful field of observation and reflection. It opens to us incontrovertible and impressive proofs of the wisdom, the power, and the beneficence of our Creator. Its illustrations cannot be laid at the door of too many of those, of whom it is the noblest study, the most absorbing and elevating occupation.

Effects of Mouldy Bread on the Animal Economy.—It is now three years, says M. Chevalier (Journ. de Chim. Med., &c., Feb., 1831), since M. Barruel, of the School of Medicine, had handed to him some bread, the like of which, having been eaten, had caused serious effects: he was

requested to examine it, in order to discover whether it did not contain poisonous matters. M. Barruel satisfied himself, by an examination, that the bread which was *mouldy* did not contain the slightest traces of hurtful substances. He accordingly inferred that the mouldiness of the bread was the cause of the sinister accidents which had followed eating it. This opinion is strengthened by the following among other facts.

In 1826, Dr. Westerhoff reported the following cases. He was called to two children of a laborer, whom he found display the symptoms of poisoning. These were less evident in the younger of the two, aged eight years, than in the other, ten years old: the latter had the face red and tumid; excited and haggard countenance; dry tongue, feeble and quick pulse. He complained of violent colic pains, giddiness, headach, and inextinguishable thirst. At one time he experienced a desire to sleep, at another, he wanted to vomit.—After a time the vomiting suddenly came on, followed soon by a copious alvine discharge—he felt himself greatly depressed, was indifferent to every object around him, and dozed from time to time. Some medicines were administered, which soon removed these symptoms, and the return to health was speedy. The other child was also relieved by vomiting.

By inquiries of the parents of these children and of the latter themselves, M. Westerhoff learned that the little sufferers had eaten nothing the evening before but a piece of stale, mouldy, rye bread. The doctor could not draw any inferences from this information; but some days after, watermen engaged in gathering shells for the supply of lime-kilns, having made use of mouldy rye bread for food, being part of a small supply with which they had provided themselves some days before, were likewise taken sick, and were freed from their distress by vomiting, which

supervened in consequence, and all the alarming symptoms disappeared.

M. Westerhoff now thought himself justifiable in supposing that this poisoning might be the effect of bread altered by the *mucor mucedo*.

Influence of Atmospheric Electricity on the Eyes.—We see peculiar appearances in weak and morbidly sensitive eyes, before the breaking out of a violent storm, showing the positive influence of an atmosphere which has now attained its maximum of electricity; and I am acquainted with several persons who are able, from a certain premonitory feeling of their weak eyes, to predict a

thunder-storm infallibly, a considerable time beforehand. As every experienced oculist is convinced of the bad effects of an atmosphere of this kind, he will never extract the cataract during the approach of a thunder-storm.—BEER, *Lehre von den Augenkrankheiten*, 72.

Whole number of deaths in Boston the week ending Aug. 26th, 26. Males, 15—Females, 11. Stillborn, 1.

Unknown, 1—drinking cold water, 1—infantile, 3—accidental, 1—cholera, 2—cancer, 1—typhous fever, 2—dropsy on the brain, 2—brain fever, 2—convulsions, 1—consumption, 3—inflammation in the bowels, 1—throat distemper, 1—hooping cough, 2—scarlet fever, 1—cholera infantum, 1—child-bed, 1.

ADVERTISEMENTS.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures, in this Institution, will commence on the first Thursday of September, and continue fourteen weeks. The Trustees have made ample provision for the accommodation of students. The addition of a Demonstrator of Anatomy will afford great facilities for the acquisition of knowledge in that important branch of Medical Science. The expense of the whole course will not be increased. Medical Degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for medical degrees begins on the Wednesday preceding the close of the Lecture Term.

H. H. CHILDS, M.D., *Professor of Theory and Practice of Medicine.*
 S. W. WILLIAMS, M.D., *Professor of Medical Jurisprudence.*
 S. P. WHITE, M.D., *Professor of Theoretical and Operative Surgery.*
 C. B. COVENTRY, M.D., *Professor of Materia Medica and Obstetrics.*
 W. PARKER, M.D., *Professor of Anatomy and Physiology.*
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 EDWARD F. SING, *Demonstrator of Anatomy.*

Board, including washing, lodging, and room, \$ 1,75 a week.

Aug. 23—4th.

SURGICAL INSTRUMENTS, MEDICINES, NEW CONCENTRATED MEDICINES, ELECTRICAL APPARATUS, CHEMICALS, &c.

A LARGE assortment of the above Articles constantly for sale by SAMUEL N. BREWER & BROTHERS, Nos. 90 and 92 Washington Street, eight doors south of the Post Office, Boston.

Aug. 1.

JOSEPH M. SMITH, APOTHECARY AND CHEMIST,

138 WASHINGTON STREET,

BOSTON.

July 1.

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Still suspecting the disorder to be of a neuralgic nature, I again tried the arsenical solution, administering the doses myself, and pushing the medicine as far as I considered safe. I afterwards cupped him on the back of the neck to twelve ounces. His sufferings progressively increasing, he went by the mail to Edinburgh on the 24th of Oct., and saw Dr. Abercrombie the same evening, who wrote to me as follows. "After all that has

been done without benefit in this distressing case, I have no hesitation in stating to you at once the measure which I would recommend. It is a free crucial incision through the portion of the scalp which is tender to the touch. This seems to be about the size of a dollar, and I would carry the incisions quite through the pericranium, and dress them so as to prevent adhesion, and let them heal slowly, with free suppuration. This will certainly be attended with present relief. Should the benefit not be permanent, I would repeat the incisions more freely, and always quite through the pericranium, and endeavor to keep them longer in a discharging state." Next day Mr. V. returned to Dumfries; and on the forenoon of the 26th, I made a very free crucial incision through the pericranium covering the posterior part of the left parietal bone, and quite traversing the part most tender to the touch. The hemorrhage was profuse. Having ascertained that the pericranium was only partially divided, I drew the scalpel along it, which produced excruciating pain, and a kind of convulsive trembling, if I may so speak, over all his body, although he had not previously complained. The bone appears sound, but, from the acute suffering which attended the division of the pericranium, there can be no doubt of that membrane being in a morbid condition. I think it is thicker than usual; and in this opinion I am joined by Mr. McLauchlan, an intelligent surgeon here, who was present at the operation. The scalp, indeed, at the line of division, is unusually thick.—10 P. M. Has been quite free from pain since the operation, and uncommonly cheerful.—Oct. 27th. He rested well during the night,

without uneasiness in the wound, or on that side of his head; feels a little uneasiness on the opposite side, to which he had not been accustomed. Pulse 100.—4 P. M. The pain has left the right side of his head, where it continued to give some slight annoyance the greater part of the day. He complains now of deep-seated pain in the occiput. No uneasiness near the incision. Pulse 120.—Oct. 28th. Had a good night; feels a little pain in the right side of his head, but not the slightest uneasiness in the left. Says he has not for many months been so exempt from all suffering on the left side of his head as since the operation. The deep-seated occipital pain complained of yesterday evening is gone.

Oct. 29th.—Slept well during the night, and feels no pain whatever this morning.—Oct. 30th. Since yesterday morning, has occasionally had a little uneasiness in the right side of his head, and towards the occiput. Pulse 96. In the afternoon the dressing was removed after a poultice had been applied for a few hours to facilitate separation. The wound, which was very open, was discharging sufficiently for the time. The pericranium is extremely irritable, the gentlest touch with the probe causing agony. Does not complain when the probe is pressed against the other parts of the wound.—Nov. 2d. Has been almost entirely without headach since last report. Wound has a healthy aspect, but is still exquisitely sensible at the bottom. When the pericranium is touched, he compares the sensation to a sharp instrument passing through the brain.—Nov. 5th. For the last three days, a little pain has come on toward

evening ; it is principally felt in the lower part of the occiput, and occasionally shoots as it were through the brain to the left eye. This suffering soon goes off after retiring to bed. There is no uneasiness in the wound, nor in its immediate neighborhood.

Nov. 12th.—Has had no head-ach, nor uneasiness of any kind, since the 5th. The wound is to-day quite healed, notwithstanding the nicest care has been taken to prevent its closing, by daily filling it from the bottom with small pieces of lint spread with resinous ointment.—Nov. 17th. Continues well, and this afternoon he set off in good spirits for Liverpool. It may be proper to add, that Mr. V. has taken no medicine, with the exception of a little Epsom salt, since the operation.

After Mr. V. had quitted Dumfries about two weeks, I was somewhat disconcerted by receiving from him, on the 5th December, a letter, in which he states, that his headach had returned, and for some days had been so severe as to induce him to think of having the scalp and pericranium again divided. This he ascribed to the accident of having struck his head, a few days after returning, rather forcibly against a bird-cage suspended from the ceiling. The injury was received near the spot where the incision was made, and caused very acute pain at the moment. A few days after he again came to Dumfries, and put himself under my care with the purpose of having the operation repeated.

On carefully examining the head, however, I found that the suffering was not in the situation in which the parts had formerly been divided, but in the lower part of the occipital region, towards the nape of the

neck. In the latter part I introduced a seton, with the view of establishing a thorough counter-irritation ; and ever since the discharge became copious the pain has seldom or never been troublesome. I conceive, therefore, that since the latter pain has no connection with the former seat of disease, the crucial division of the scalp was completely effectual in removing the periosteal inflammation, and that the cure is now (14th February 1831) completed.

By a letter dated the 19th current (May), Mr. V. informs me, that he removed the seton some weeks ago ; and while he states he is in good health, he makes no mention of the return of the original complaint, nor of the pain of the inferior occipital region, for which the seton was inserted.

I cannot say whether the second affection, for which the seton was introduced, was connected with the previous pericranial disease. It is, nevertheless, probable, that the blow on the head renewed in some measure that morbid action which had been so recently arrested by the incision.

In this manner, therefore, this case, which completely baffled, during the long period of eighteen months, the whole class of tonics, as well as the most energetic treatment by leeching, blistering, mercury, &c., was permanently cured by free incisions.

In the course of the last few years I have met with two cases similar to the above, in women between forty and fifty years of age, which were ultimately treated by incision ; and in both instances I found the bone eroded over a space nearly as large as a sixpence. The incisions were healed by granulation, and no exfoliation occurred in

either case. The relief, although considerable, and in the end complete, was by no means so immediate as in Mr. V.'s case.

The same painful affection, no doubt, sometimes attacks the covering of other bones as well as that of the skull. I have met with it on the front of the *tibia*; and in one instance of this kind the patient was a little boy not more than five or six years old, who, as far as could be ascertained, had not received any external injury, and in whom it was pretty evidently an idiopathic disease. An incision through the periosteum at once put an end to it.

I think, with Dr. Crampton, who has written so well upon this subject, that *periostitis*, both acute and chronic, very often occurs unconnected with any specific disease, and in such cases mercury, instead of mitigating, aggravates the suffering. It appears also that this disease is, in its commencement, strictly confined to the *pericranium*, from which it extends, if not interrupted by an incision, to the subjacent bone, and, I presume, ultimately to the *dura mater*. That it proceeds from the *pericranium* to the bone was well exemplified, I think, in the cases of the two women alluded to; for although the bone was bare and a little eroded in both of them, the disease proceeded no further after the *pericranium* was divided; no exfoliation, as I observed, took place. It is now upwards of two years since the last of these cases occurred, and the patients are still living.

It is, moreover, not a little remarkable, that inflammation of the *pericranium*, when produced by disease extending from the subjacent tissues, is by no means an acutely painful affection;—it is very fre-

quently quite the reverse. In 1813, I received a young French soldier into the Pegase Hospital Ship at Portsmouth, for a slight febrile attack, so very slight, that the late Dr. W. B. Smith, who had the principal charge of the sick, doubted the propriety of his admission. A day or two after, my attention was drawn to a little fulness over the root of the left mastoid process, which was tender to the touch, and communicated an indistinct feeling of fluctuation. It was immediately punctured, and a trifling quantity of a thin sanious liquor escaped. He now told us, that he had been long subject to a purulent discharge from his left ear, which for a few days had ceased. He had not been troubled with headach. Next day he was comatose, and soon died. The *pericranium* was found detached under the swelling which had been punctured, and the bone porous, so much so, that at several points the probe could be easily passed to the brain. The *dura mater* was more extensively separated from the bone than the *pericranium*, and covered, where the separation had taken place, with purulent matter of a greenish tint. The left lateral sinus terminated in a *cul de sac*, where it enters the *foramen lacerum*, and, instead of blood, contained pus.—I mention this case merely as an example of disease proceeding from the interior to the exterior of the skull, and of the little disturbance which is occasioned by the *pericranium* becoming inflamed and disorganized even in that way. It is not at all a rare case. Had it been so, I would have hesitated to introduce it here, for what is very uncommon is seldom of much importance in pathology.—*Edinburgh Med. and Surg. Journal*.

II.

ERGOT OF RYE IN VARIOUS KINDS OF HÆMORRHAGES.

Epistaxis.

CASE I.—A child, five years of age, was subject, for two years past, and without obvious cause, to epistaxis from the left nostril, which, however, was readily suppressed by the usual means. But sometimes the bleeding continued, more or less, for a considerable time after the principal hæmorrhage. Dr. S. prescribed eight pills, each containing four grains of the ergot of rye, and one to be taken every two hours. In a few hours the hæmorrhage ceased, and returned no more. The medicine was afterwards taken as a preservative.

CASE II.—A young woman, aged 15 years, and who had not menstruated, was seized with gastric inflammatory fever on the 10th of August, 1829. On the 14th, in the evening, hæmorrhage took place from the left nostril, and went on to an alarming extent. This hæmorrhage was habitual; but had hitherto been easily restrained. This time it had continued 16 hours when the reporter arrived. A drachm of the ergot of rye was divided into six equal parts, one to be taken every ten minutes. The nostril was cleared of all clots of blood, and no mechanical means of arresting the hæmorrhage were used. The hæmorrhage continued during the exhibition of the medicine; and a second quantity was ordered. Immediately after the exhibition of the first dose from the second batch, the bleeding stopped. The ergot was continued through the day. During the succeeding two days some drops of blood oozed from the nostril, then

stopped entirely. The fever ran its usual course—the patient recovered—and lost her habitual epistaxis.

Hæmoptysis.

CASE I.—A female, aged 42 years, who had ceased to menstruate, and who was subject to pulmonic affections, consulted the narrator in the autumn of 1828, on account of a severe cough, accompanied by sanguineous expectoration, and sometimes pure blood. There was no fever; but the pulse was hard and full—the respiration short and embarrassed. Venesection and purgation were prescribed, with rigid diet. Next day the pulse was natural; but the discharge of blood from the lungs continued. Another bleeding was ordered, and a grain of digitalis every two hours. On the third day, the hæmoptysis continued, though the other symptoms were mitigated. A drachm of the ergot, divided into eight doses, was ordered to be taken within the 24 hours. After the fifth dose there was not a trace of blood in the expectoration. Another drachm, however, was administered, and no more hæmorrhage was seen.

CASE II.—M. G., a young man, aged 21 years, was seized with a severe cough, accompanied by sanguinolent expectoration, in the summer of 1828, in consequence of stripping off his clothes during a profuse perspiration. Fever and palpitation were added to the other symptoms. Venesection, quietude—dilutents—digitalis, &c. relieved the cough, fever, and palpitation; but the hæmoptysis continued. A drachm of the ergot was therefore administered in 24 hours, and the hæmorrhage was completely arrested. In order to prevent a relapse,

another drachm was given in the course of two days. Some months afterwards there was a return of hæmorrhage, though slight in degree; and the young man sent, of his own accord, for a drachm of the ergot, which stopped the discharge.

CASE III.—Madam N. B., 72 years of age, had suffered of late years from severe catarrhal affections. In the month of July, 1828, she had a fall, and bruised the left side of the chest; which was followed by cough and spitting of blood. She disregarded the accident, and pursued her usual regimen. The reporter was called on the 20th day after the accident, and, considering the complaint as a topical affection, ordered some leeches to the side, and prescribed low regimen. A drachm of the ergot was ordered in the 24 hours; and as she was in the habit of drinking wine, the usual quantity was allowed, in order to ascertain more correctly the effects, if any, of the medicine. In the course of the next day, the blood disappeared from the expectoration, and was no more seen.

CASE IV.—A. M., a young girl, about the age of 12, had suffered for some time from severe catarrh. On the 26th January, 1829, she expectorated blood, and more or less of this fluid continued to be ejected by coughing. Half a drachm of the ergot was directed in the 24 hours. The sanguineous expectoration nearly ceased within that time; but the medicine was continued for four days, when it ceased entirely.

Hæmaturia.

CASE I.—Mr. C., a gentleman about 70 years of age, was attacked

by ischuria, which resisted the usual remedies, and the catheter was introduced for 20 days in succession. At this time a considerable hæmorrhage took place from the urethra, which continued and became alarming. The ergot was prescribed, and after the first dose, there was no more blood passed from the urethra.

Several other cases are related, where the ergot succeeded in restraining hæmorrhages from the lungs, the womb, the bladder, and other parts; but we think the foregoing are sufficient to excite the attention of the profession to the remedy. There is this recommendation to the article, that there appears to be no possible *objection* to its exhibition. It is not an excitant or stimulant. If it possesses any properties, they are of the *specific* class—that is—they are not under the dominion of any general rules relating to the animal economy.—*Transactions Medicales.*

III.

EXCISION OF SCIRRHOUS RECTUM.

OUR readers are well aware that M. Lisfranc is in the habit of excising the lower extremity of the rectum for what in France is called cancer of that gut. They are probably aware, also, that the term in question is not restricted in that country to the same malignant class of disease, to which it is limited by us; and consequently that in many cases the operation is performed for affections not essentially malignant. This being premised, we may mention some circumstances respecting excision of the rectum, which are not undeserving of attention.

The peritoneum descends along

the front of the rectum to six inches from its extremity in woman, to four inches from the same in man. By means of an ovoid incision in the skin around the anus, the rectum can readily be drawn out behind, and any kind of instrument may be applied to it; there exists a second sphincter above the first. M. Lisfranc has removed as much as three inches and a half of the rectum, and he recommends the operation whenever the fore-finger can reach beyond the upper margin of the disease, and when the cellular texture external to the gut is sound. The operator must bear in mind that the antero-posterior diameter of the perineum is generally one inch, the distance of the anus from the coccyx eighteen lines, and that between the anus and the base of the same bone two inches; that considerable portions of the rectum may be removed laterally and posteriorly without wounding the vagina in woman or the urethra in man; and finally, that hæmorrhage may always be arrested by pressure or by ligatures. In the performance of the operation the patient is to be placed as in the lateral operation for lithotomy—two semilunar incisions are to be made around the anus—and the rectum to be insulated in its inferior extremity, drawn down by the fore-finger introduced into its cavity, and cut off by means of scissors. After the cure, the fæces are sometimes voided in the usual manner, sometimes a *bourrelet* is formed internally and takes the place of the sphincter, sometimes there is incontinence of liquid fæces, and sometimes the patient is obliged to stuff the rectum with lint. Out of nine cases of operation related by M. Lisfranc, six ended favorably, three fatally.

Medico-Chirurgical Review.

IV.

POISONING BY CANTHARIDES.*

A YOUNG woman serving in a dram shop administered some lytta in raspberry brandy to two young men, each of them taking half a pint of the liquor in question. One of them soon afterwards set out for Stourport, six miles distant, but was seized on the road with violent pain in the stomach and bowels, which compelled him to sit down frequently, insomuch that he was six hours in reaching the place in question. Mr. Williams of Bewdley was summoned, and found him suffering from violent pain in the stomach, bowels, kidneys, and bladder; a constant desire to make water; and a burning heat in the throat. Vomiting was produced by a mixture of sugar, water, and sweet oil, and afterwards he was ordered to drink freely of linseed tea.

At 4, next morning, the skin was very hot, the sense of burning in the throat more urgent, the straining to make water incessant, whilst only a few drops of blood were voided, the pulse 100, the tongue thickly coated. *V. S. ad 3 xij.—Enema, ol. ric. 3 iss.* At noon the strangury continued, with much tenderness in the region of the kidneys, ureters, and bladder; bowels opened; pulse 100. *V. S. ad 3 xiv.—Rep. ol. ric. et enemata. Linseed tea and barley water.* At 5, P. M. the tenderness was much increased; pulse 115; great restlessness, with occasional delirium. *V. S. ad 3 xvj.—Ol. ric. et enemata.* 12, P. M. Restlessness very great; constant delirium, with some slight convulsion; face much flushed, and conjuncti-

* Midland Reporter, No. XI.

væ injected ; strangury distressing ; pulse 125, hard and incompressible. He was bled to 3xxiv., kept in a state of syncope for nearly an hour, then allowed to lie down, and eight drops of laudanum in some linseed tea were given him. After this the urgent symptoms ceased, though the urine continued somewhat bloody, and the tongue peculiarly coated till the 6th or 7th of July. The patient was then convalescent.

We need not give the particulars of the other case, as the symptoms were similar to those of the last, and the same kind of treatment, though not so active, proved successful.

V.

FATUITY FROM AN ACCUMULATION OF ASCARIDES.

ELIZABETH WHITTINGHAM, a girl of 14 years of age, of a pale, gloomy, and vacant countenance, whose employments were sedentary, and who had never properly menstruated, was admitted an out-patient of the Bath United Hospital, Tuesday, October 28, 1828.

Her appearance and manner gave the strongest impression of idiocy, or rather mania. The brow was contracted ; the eyes restless, wandering, and betraying suspicion ; and she made repeated attempts to escape from the room. She refused to answer, or did not comprehend the commonest questions, and betrayed the utmost reluctance to a protracted investigation. From the information of her mother, who accompanied her, it appeared that she suffered chiefly from drowsiness, pain of head, vertigo, syncope, and hiccup ; that she had more than once fallen down, and was totally

indifferent to everything, and every person around her ; her abdomen was large and tense ; she had flatus, borborygmi, and costive bowels ; the pulse was quick and sharp ; and the tongue slightly furred.

To be bled immediately to 10 ounces. To have a three-grain calomel pill every other night, and a purgative draught every other morning.

31st.—Less drowsy and oppressed, but “ memory entirely lost, calling one thing for another ; ” is freely purged, motions less dark, and has discharged a vast quantity of ascarides, collected and agglutinated into round masses ; countenance and manner little altered.

Increase the dose of calomel to five grains every other night, and continue the cathartic mixture.

Nov. 4th.—Countenance dark and suspicious, but speaks rationally ; the stools are more healthy, and fewer masses discharged.

Continue the medicines.

7th.—Countenance bright and cheerful, evacuations natural, expresses herself thankful for the attention shown her, and is free from complaint.

1829.—This girl, when last heard of, remained in good health, and actively employed in her usual business, that of a sempstress. Her case is recorded, not on account of anything very remarkable being attached to it, but as capable, perhaps, of affording a hint as to prognosis. Her demeanor was so eccentric, and her whole appearance so decidedly maniacal, that it might, in some instances, have led to severe and improper measures of treatment or of coercion, and the unfortunate sufferer, it is possible, have been actually driven into that

state, which was, at present, only simulated.

Nothing certainly could be more remarkable, or present a greater contrast, than the face of gloom in the commencement, and the cheerful and pleasing demeanor at the termination.—*Medical Gazette*.

VI.

CASES OF LOSS OF VOICE (APHONIA) CURED BY OXYGEN.

By ROBERT JOHN THORNTON, M.D.
Member of the Royal London
College of Physicians.

MISS NORTON, of Fish street hill, and niece of Mr. Grey, of the Isle of Wight (who was cured, by the same remedy, of asthma which had existed fourteen years), was afflicted with loss of voice four years, so that she could not be understood, except by her mother, who by carefully watching the movements of her lips, made out what she intended to express by words. This complaint is probably dependent on those peculiar nerves called recurrent, which give energy to the numerous muscles of the glottis, and being unaccompanied by a disease of the lungs, is to be treated as a purely nervous affection. Miss Norton inhaled by my advice two gallons of oxygen, diluted with twice that quantity of atmospheric air, daily, together with a tonic (compound tincture of gentian), of which she took a teaspoonful three times a day. After pursuing this plan for three months, she completely recovered her voice.

Mr. Anstead, who is collector of the water gates for our division, and who lives at No. 55, Warren street, Fitzroy square, consulted me for a similar affection of the nerves of the glottis, and having no

cough, or reason to fear of any affection of the lungs, was in two months time entirely cured by the same treatment, and has remained free from any indication of a recurrence.

Mrs. Colonel Blount, afflicted with loss of voice, and symptoms of chronic inflammation of the mucous membrane of the windpipe, &c., received the following directions, viz. two gallons of oxygen, diluted with the same quantity of atmospheric air, to be inhaled for three days, and then the oxygen alone for a fortnight, which was accordingly administered by Mr. Worthington, who prepares and administers the gases, and she was by it, at the end of that time, completely cured.

I beg leave to observe, as birds sing principally in the spring and summer, may it not be from an increased quantity of oxygen in the atmosphere, given out by every green leaf? It is observed by Sonnini, "that the nightingale, which comes to us in the early part of April, loses, on its retreat to the shores of Africa, its melodious voice, and seems in that climate only to croak."—*Gazette of Practical Medicine*.

VII.

PALSY OF THE LOWER EXTREMITIES.

A YOUNG woman, about twenty-six years of age, of a spare habit of body, having for some months been affected with inflammatory fluor albus, applied at the Middlesex Hospital for medical advice. The physician prescribed an injection, composed of prussic acid, acetate of lead, and water, to be used three times a-day. After using this in-

jection three days, she experienced a peculiarly dull sensation in the lower portion of the bowels, and particularly in the region of the bladder; but the affection for which the remedy was ordered having been greatly relieved by it, she persisted in its use. After she had continued it regularly for a fortnight, she was unable to exercise the lower extremities. The injection was now discontinued, and the patient being convinced that the paralytic affection of the legs was occasioned by it, applied to another physician, who pronounced her case to be palsy, and attributed it to the use of the injection of prussic acid and lead. After emptying the bowels by a dose of rhubarb and calomel, and improving the state of the digestive organs by a mild stomachic, he prescribed the alcoholic solution of strychnine,* which, in the course of a fortnight, succeeded not only in curing the paralysis of the lower limbs, but in improving her general health. This case is very interesting, as showing the danger of throwing into the vagina of a delicate female, so powerful a sedative as prussic acid with lead, a practice which is very generally adopted, in cases of inflammatory or irritative fluor albus, by some leading accoucheurs of this metropolis. It is also interesting, as showing the speedy effect of strychnine in the cure of palsy of the lower extremities, produced by the action of a poison, and unattended with any spinal affection.—*Gazette of Practical Medicine.*

* See Vol. 4 of this Journal, p. 260.

MEDICAL JOURNAL.

BOSTON, SEPTEMBER 13, 1831.

EFFECTS OF MEDICINE IN HEALTH.

THERE is no branch of medical inquiry which better deserves to be pursued, than that into the effects of the medicines in common use on the human system, in a state of health. It is true, that the point in which we are directly interested, is the influence exerted by these substances in disease. Still, there is a large amount of information to be obtained by those who are willing to make themselves the subjects of experiment, and to ascertain what influence is excited on the various structures and functions by medicinal articles, and through what medium their beneficial operation is ordinarily conveyed. That the ultimate effects of remedies are modified by the state of the system, there can be no doubt; and the peculiar operation by which each article cures disease, can only take place during the prevalence of disease itself. But the direct effect, the primary influence, on the performance of particular functions, can hardly be conceived to differ in the two cases. If the proximate effect of calomel be to increase the biliary secretion, this effect will be manifested in a healthy, as well as in a morbid state; or the difference, if any, will depend on the susceptibility of the secretive organ to its influence, a circumstance not always necessarily connected with the disease in which the article is indicat-

ed. If opium first exalts, and then depresses the nervous sensibility; if it increases the force of the circulation, and produces constipation of the bowels, these are as truly and certainly its effects in health, as in disease, and are modified in degree during the prevalence of the latter, only because the susceptibility of these functions to be thus affected is itself modified by the morbid change. Exceptions to this law have been observed, but they will be found, on examination, to be rather apparent than real. Thus digitalis, which proves diuretic in dropsy, is said not to exhibit this quality in a state of health. This, however, is very well explained by the increased susceptibility of the kidneys to stimuli, in the former case; a fact which is also proved by various other evidence. But, whatever may be thought of a few instances like the above, the general principle will be found to hold good, that medicinal articles act on the same functions, and with a degree of force by no means dissimilar, in a state of health and during the prevalence of disease. Such being our view of this subject, we regard, with great interest, any attempts on the part of intelligent men, to ascertain with accuracy, by experiments on their own persons, the kind and degree of energy possessed by medicinal articles. In many respects such experiments possess an advantage over those made with the same articles in the course of practice. Patients are not always very accurate in describing their sensations, and it is with great difficulty that the effect of every article, even on the sentient system, can be fairly determined. A similar difficulty, arising from want of care in observing, or want of accuracy in noting, the effects of remedies, applies in a very considerable degree to those of every description. Other difficulties arise in practice, from the reserve which the practitioner finds it necessary to employ in making inquiries, which imply doubt; and from the operation of hope on the mind of both parties, which leads the patient to attribute to a medicine, effects which, in fact, are due to other causes, and the physician to acquiesce in this sort of reasoning, without due examination. If the symptoms are relieved, it is the part of both benevolence and policy to have this effect attributed to the article employed, and not to make too strict inquiry into the mode in which the result has been attained. Indeed, we apprehend it is not uncommon, when the exhibition of an article has been followed by relief, to take it for granted, that certain immediate effects followed the use of the remedy in accordance with its general character, and that the sanative operation followed as a matter of course. Thus, when tartarised antimony has been administered in pneumonia, and relief has followed, it is natural to adopt the inference that the force of the circulation has been lessened, or that a transfer of action has taken place to the cutaneous exhalants. In like manner, a sudorific is presumed to have acted by sweating, and an expectorant by exciting the pulmonary secretion: while, in each individual case, the ultimate result is so much

the most interesting, as to make the other for the time a matter of comparative indifference. In order to render an experiment satisfactory, the patient must himself be a party to it; and the proper degree of coolness, to pursue such an inquiry, can hardly be expected in one who feels his life, or health, to be involved in the result. In fine, the cure of disease is a distinct purpose from the investigation of the virtues of a remedy; and although it is possible to pursue them jointly, yet so long as the former is the principal object, the latter will be but feebly followed, and imperfectly attained.

We have been led to make these observations by an account in the journals of a Society at Leipsig, formed for the purpose of performing a series of experiments on some of the most important articles of the *materia medica*. At the head of the Society is said to be Professor Soerg, of Leipsig, and the results are published under his authority. The most important articles which have been already submitted to this sort of examination, are nitrate of potash, hydrocyanic acid, and the root of valerian. Nitre was found to increase very sensibly the secretion from the kidneys, and with almost equal certainty from the alimentary canal. The first sensation produced by it, was that of thirst, and dryness of the mucous membrane of the mouth; this was followed by an increase of its secretions; and a similar succession of actions appeared to occur in other parts of the canal. Its cathartic operation was accompanied with pain and griping. M.

Soerg regards the sensation of coolness, which is experienced in holding nitre in the mouth, or applying it to the throat, as having given rise to an idea of its discutient virtues, which is not justified by fact. Under its use, the pulse at first diminishes in frequency and force, but is afterwards accelerated, and becomes stronger; and this effect was found, by those who practised the experiment, to be durable and permanent.

The results obtained with the prussic acid are highly curious and interesting, but do not admit of being conveniently analysed. With respect to valerian, the only positive effect obtained from its use was that of a moderate excitement of the nervous system, manifested by an exhilaration of the spirits, not accompanied by any unusual change in the pulse, and not followed by depression or somnolence. The author concludes, therefore, that the virtues of valerian, in disease, cannot be of much, if any, importance. This inference appears to us somewhat too hasty. In most substances which act as narcotics, this may be regarded as a secondary effect, consequent on a state of exhilaration and excitement of the nervous system. This remark obviously applies to alcohol, and will, we think, be found to hold true of opium also. The period which elapses between the primary and secondary stages, is influenced by many causes, but appears to be mainly dependent on the presence or absence of other external stimulus. In order to test fairly the degree of analogy in the operation of these two agents, it is necessary to com-

pare their effects, when employed under similar circumstances. Alcohol, when swallowed under the influence of various stimuli, as light, sound, &c., acts as a stimulus to the nerves, and this effect may be prolonged until the period of its action terminates. If these stimuli are not present, the effect of alcohol, after a short and even insensible interval, is to produce somnolence. On the other hand, an opiate taken at night, and followed by rest and silence, will very shortly incline to sleep, while the same quantity of the same article, taken during the day and under the influence of external causes of excitement, will have apparently an opposite effect. This is well illustrated, occasionally, in the case of persons swallowing laudanum by mistake, when, if the dose is not excessive, and the patient is sensible of the mistake within a short period, it will be found to act scarcely at all, as a soporific, under several hours from the period of exhibition. We noticed this lately in a patient of our own, who, after taking three drachms of laudanum, experienced no somnolent influence for the space of some hours; in the meantime he complained that the eyes were *set open*, a sensation often experienced after the use of strong tea. Habitual opium-eaters, as is well known, experience an effect very similar to intoxication. Now we think that these facts go to explain the want of effect from the valerian in the above experiment, without involving the inference of the inefficacy of the medicine, which we ourselves, in common, as we think, with many others, have found

at times a valuable palliative, since it possesses a certain degree of control over the nervous irritability, without inducing to any sensible degree the unpleasant effects of other narcotics. For the rest, we repeat, that we regard experiments, like the above, carefully conducted, as calculated to bring to light very interesting facts in regard to the operation of medicinal substances, and we hope those will be found among us, who will follow the example thus set them abroad, and be willing to incur some personal inconvenience for the information and advantage of their fellow-men.

CHOLERA AT ARCHANGEL.

WE have been favored with the perusal of a letter from a gentleman of our acquaintance, now at Archangel, to his friend in this city, in which it is stated that an epidemic disease, probably the same as that prevailing in the more southern parts of Russia, is now existing there to the great terror of the inhabitants. The writer, however, appears wholly without apprehension for his personal safety, and remarks, that it is fatal only among those who live in poverty or filth, or who are addicted to habits of intemperance. It is among such subjects, we apprehend, that this epidemic has, in other places, committed the greatest ravages; and it is to a constitution supported by *temperance*—temperance in habits of living, thinking, and feeling, that we must all look, when exposed to its infection, for security against its attack, or support under its inflictions.

The following extract from the London Times is full of interest, and accords with all the best testimony in the case, which is now before the public.

We have seen, says a writer in the Times, several letters from the East Indies, some of old and some of recent date, in which mention was made of cholera. The following is an extract from one of them:—"The cholera has been most destructive. I had lately a conversation with Ramohun Finjee, a celebrated native physician; he compared the disorder to a whirlwind which proceeded from the south-east to the north-west, but occasionally made a curve, turning sometimes to the east and sometimes to the south-west backwards, and then again progressing to the north-west. This Ramohun Finjee says, that from the observation he has had opportunities of making in several extensive districts, the first and certain victims to the disease were opium eaters and persons addicted to ardent spirits: the second class of victims, but less certain, were those who lived poorly, on rice and water; but those who were temperate and lived generously—such as drank coffee, and milk thickened with rice and mollified with sugar, and occasionally ate animal food, were one and all completely exempted. And he accounts for the various opinions of medical men, as to contagiousness or non-contagiousness of the disease, by the fact, that those whose bodies were predisposed by opium or ardent spirits, contracted the disease if they touched or even approached per-

sons suffering under it; and that those whose bodies were hardened by temperance and generous living, inhaled the breath and handled the bodies of the diseased with impunity. In India, as everywhere, temperance is the great preventive of disease. If the poor, hard-working classes, could be induced to substitute for their drams of gin, a good mess of milk thickened with rice, or a cup of strong coffee, they may hope, not only to make their home more comfortable, but to escape the cold iron gripe of cholera. The rich, though their habits of life predispose them to disease, are generally soon frightened, and become cautious when they hear of the approach of any serious disease. We cannot think, however, that the preservative now in fashion among ladies and gentlemen of rank is a very wise one. Those who live upon bread and water may find brandy a safe stimulant; but those whose blood is heated by ragouts and champagne, and Roman punch, may find brandy a stimulant too much."

We cannot but commend, in the highest terms, the wisdom of the Board of Health, at New York, who have after all struck upon the right principle of quarantine. They have decreed that all vessels infected, or supposed to be infected, with cholera, shall be *discharged* at the quarantine, iron in bars only excepted; and that all vessels arriving off the port, with this disease on board, shall not be *boarded* by the pilots, but by them shall be shown into safe anchorage at the Horse Shoe. Little benefit can arise from detaining a vessel in whose hold the infection is

supposed to be contained, without exposing the cargo to the air; and the requisition of *discharging* the vessel, at quarantine, is the greatest safeguard which the government can afford the people against the introduction of any foreign pestilence.

In addition to the above, the New York Board of Health have appointed Drs. Hosack, Stevens and M'Neven, a committee, to open a correspondence with medical gentlemen in Europe or elsewhere, for the purpose of receiving all the information possible on the nature, symptoms and cure, of this disease—a measure which our happy deficiency of experience in the care of those suffering under it, and the possibility of its visiting our shores, render extremely important.

Cancerous Ulcerations of the Face.—Ulcers of the lip are sometimes prevented healing merely by the motion of that part, or the indirect irritation produced by disorder of the digestive organs, when pressure and a sulphate of zinc or black-wash is sufficient for the cure. Thus a farmer applied to Mr. Syme with a small superficial ulcer on the lip, nearly the size of a sixpence, which had resisted all the means already employed. Under the application of a piece of lint dipped in black-wash, covered by a piece of oil-silk, and supported by a bandage to prevent motion of the lip, the sore was diminished to half its former size in two or three days, and the farmer went into the country.

For cancerous affections of the tongue Mr. S. recommends the knife in preference to ligature. Having removed a large ulcerated tumor of the tongue, nearly half of which was engaged in the disease, the wound healed, and all seemed doing well.

Not long afterwards the complaint began to return, affecting not only the tongue but the floor of the month.

The Eye Institution of Manchester.—This was instituted in 1815, and has had to struggle with many financial difficulties. Its medical establishment consists, at present, of a consulting physician, two surgeons, and two assistant surgeons. It has a small house in which four or five beds are provided for the reception of cases requiring the more serious operations. The number of cases annually treated here has *exceeded one thousand*; and the expenditure has rarely been more than £400!—*North of England Med. and Surg. Journal, Nov. 1830.*

Amaurosis caused by the Spontaneous Suppression of Scald Head, successfully treated.—Dr. Weber, of Bouxviller, relates the following case. A girl of 13 years of age, previously in good health, was attacked with amaurosis apparently in consequence of the spontaneous suppression of tinea capitis. Mr. W. had leeches immediately applied behind the ears, followed by an emetico-cathartic potion, a blister to the back of the neck, and a decoction of the flowers of the arnica, and the root of valerian (two drachms of the former to six of the latter; half a pint of water, and half an ounce of loaf sugar; a spoonful every three hours); and finally an issue in the arm. The sight was entirely reestablished.—*Gazette Médicale de Paris, March 26th, 1831.*

Lithotrity in Asia.—Dr. Civiale communicated to the Academy of Sciences of Paris, a letter addressed to the Minister of Foreign Affairs, by the French Agent in Bagdad, announcing the performance in the latter city of the operation of lithotrity on twelve persons, by a German surgeon named Martin, and all

of whom were perfectly cured, except a child who was obliged to be cut in consequence of the great size of the stone.—*Gaz. Medicafe, Feb. 12th, 1831.*

Whole number of deaths in Boston the week ending Sept. 1, 27. Males, 18—Females, 9. Stillborn, 1.

Of bilious fever, 1—dropsy on the brain, 3—dysentery, 7—canker, 1—lung fever, 2—drowned, 1—typhous fever, 1—teething, 3—consumption, 3—scarlet fever, 3—&c.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Medical Committee of Harvard University give notice that the following Prize Questions for the year 1832, are before the public, viz.

1st. "What is the cause of *Fistula Lachrymalis*, and what is the best mode of treating the disease?"

2d. "What are the circumstances in which the drinking of cold water in hot weather proves injurious? What are the diseases which arise from this cause, and what is the best mode of treating these diseases?"

Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D., Boston, on or before the first Wednesday of April, 1832.

The following questions are now offered for the year 1833, viz.

3d. "The History of the Autumnal Diseases of New England."

4th. "What Insects of the United States, and particularly in the Northern part, are capable of inflicting poisonous wounds? The phenomena of such wounds, and the best mode of remedying their ill consequences?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1833.

The author of the successful Dissertation on either of the above subjects, will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each Dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained if called for within one year after they are received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connexion therewith.

Boston, August 10th, 1831.

GEO. HAYWARD, Secretary.

✂ Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

Sept. 13—3te4p.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures, in this Institution, will commence on the first Thursday of September, and continue fourteen weeks. The Trustees have made ample provision for the accommodation of students. The addition of a Demonstrator of Anatomy will afford great facilities for the acquisition of knowledge in that important branch of Medical Science. The expense of the whole course will not be increased. Medical Degrees are conferred at the close of the Lectures in December, and at the annual Commencement of Williams College, with which this Institution is connected. The examination for medical degrees begins on the Wednesday preceding the close of the Lecture Term.

H. H. CHILDS, M.D., *Professor of Theory and Practice of Medicine.*

S. W. WILLIAMS, M.D., *Professor of Medical Jurisprudence.*

S. P. WHITE, M.D., *Professor of Theoretical and Operative Surgery.*

C. B. COVENTRY, M.D., *Professor of Materia Medica and Obstetrics.*

W. PARKER, M.D., *Professor of Anatomy and Physiology.*

C. DEWEY, M.D., *Professor of Chemistry, Botany, and Natural Philosophy.*

EDWARD F. SING, *Demonstrator of Anatomy.*

Board, including washing, lodging, and room, \$ 1,75 a week.

Aug. 23—4t.

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